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A/R ISSUE

Please type a plus sign (+) inside this box → ☐

PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
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Attorney Docket No. 11738.00001
First Named Inventor Torgerson
Original Patent Number 5,820,589
Original Patent Issue Date (Month/Day/Year) 10/13/98
Express Mail Label No. EM461378812US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53)
☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney (PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

7. ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
8. ☒ Original U.S. Patent for surrender
☒ Ribboned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration (if applicable)
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
14. Other:

15. CORRESPONDENCE ADDRESS



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| REISSUE APPLICATION FEE TRANSMITTAL FORM | | | | | | Docket Number (Optional) 11738.00001 | | |
|---|---|-------------------------------------|---|-----------------------------|--------------|---|---------------------------|-----|
| Claims as Filed - Part 1 | | | | | | | | |
| Claims in Patent | | Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | | |
| | | | | Rate | Fee | Rate | Fee | |
| (A) 8 | Total Claims (37 CFR 1.16(j)) | (B) 32 | **** 12 = | x _____ = | | or | x \$18 = \$ 216.00 | |
| (C) 1 | Independent claims (37 CFR 1.16(i)) | (D) 5 | • 4 = | x \$ _____ = | | | x \$80 = \$320.00 | |
| Basic Fee (37 CFR 1.16(h)) \$ _____ | | | | | | | \$710.00 | |
| Total Filing Fee \$ _____ | | | | | | | OR \$ 1,246.00 | |
| Claims as Amended - Part 2 | | | | | | | | |
| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
| | | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.16(j)) | *** | MINUS | ** | * = | x \$ _____ = | | x \$ _____ = | |
| Independent Claims (37 CFR 1.16(i)) | *** | MINUS | ***** | = | x \$ _____ = | | x \$ _____ = | |
| Total Additional Fee \$ _____ | | | | | | | OR \$ _____ | |
| <p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>01-2508</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,246.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <u>10/11/00</u> Date </div> <div style="text-align: right;">  Signature of Applicant, Attorney or Agent of Record <u>Scott A. Burow, Esq.</u> Typed or printed name </div> </div> | | | | | | | | |

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Deposited October 11, 2000

I hereby certify that the attached correspondence, identified below, is being deposited with the United States Postal Service as “Express Mail Post Office to Addressee” under 37 CFR § 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, BOX PATENT APPLICATION Washington, D.C. 20231.

By: Joe W. My
(person actually depositing)

In the Application of: TORGERSON

Serial No.:

Filing Date:

For: REISSUE APPLICATION FOR UNITED STATES PATENT 5,820,589

- (X) Reissue Patent Application Transmittal in duplicate
- (X) Reissue Application Fee Transmittal Form
- (X) Executed - Combined Declaration, Power of Attorney and Written Assent of Assignee (4 sheets)
- (X) Reissue Application for United States Patent 5,820,589 (14 pages/32claims, 5 independent) w/ Drawings (3 pages)
- (X) Executed - Certificate of Ownership of Patent
- (X) Executed - Offer to Surrender and Return Original Patent
- (X) Original United States Patent 5,820,589

Attorney Docket No: 11738.02592